



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**ACTRIGHT**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="10746.43"/>	<input type="text" value="10746.43"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7462.70"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1519.50"/>	<input type="text" value="42337.60"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="8982.20"/>	<input type="text" value="53084.03"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1559.06"/>	<input type="text" value="45660.89"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7423.14"/>	<input type="text" value="7423.14"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="76688.16"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**ACTRIGHT**

Report Covering the Period: From: M M / D D / Y Y Y Y 06 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1380.00	35017.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1380.00	35017.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1380.00	35017.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	139.50	7320.60
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	1519.50	42337.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1519.50	42337.60

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	204.06	7000.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	204.06	7000.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1355.00	38260.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	400.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	400.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1559.06	45660.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1559.06	45660.89

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1380.00	35017.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1380.00	34617.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	204.06	7000.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	139.50	7320.60
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	64.56	-319.71

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

**A. carl beck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 island hammock way  
 City saint augustine State FL Zip Code 32080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation auto dealer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2014  
**Transaction ID : SA11AI.9326**  
 Amount of Each Receipt this Period  
 50.00  
 TENNEY FOR CONGRESS

**B. Katherine Birck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 744 So. Oak St  
 City Hinsdale State IL Zip Code 60521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2014  
**Transaction ID : SA11AI.9306**  
 Amount of Each Receipt this Period  
 50.00  
 TENNEY FOR CONGRESS

**C. Mike Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 514 Lake Rd.  
 City Eureka State IL Zip Code 61530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer no one Occupation retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2014  
**Transaction ID : SA11AI.9335**  
 Amount of Each Receipt this Period  
 10.00  
 TENNEY FOR CONGRESS

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 52  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

**A. Roy Bullock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8001 Calendula Dr  
 City Buena Park State CA Zip Code 98198  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer retired Occupation retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10.00

Date of Receipt 06 / 06 / 2014  
**Transaction ID : SA11AI.9291**  
 Amount of Each Receipt this Period 10.00  
 FRIENDS OF COLONEL ROB MANESS

**B. JOHN BURRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 867 EVANS WAY  
 City THE VILLAGES State FL Zip Code 32162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 06 / 18 / 2014  
**Transaction ID : SA11AI.9322**  
 Amount of Each Receipt this Period 50.00  
 TENNEY FOR CONGRESS

**c. Marie Cardona**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 726 Rocklyn Dr  
 City Windcrest State TX Zip Code 78239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer retired Occupation retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : SA11AI.9295**  
 Amount of Each Receipt this Period 10.00  
 DAVID LARSEN FOR CONGRESS

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 52  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

Full Name (Last, First, Middle Initial)  
**A. Norman Choate**

Mailing Address 812 Holbrook Circle

City State Zip Code  
Fort Walton Beach FL 32547

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15.00

Date of Receipt  
06 / 20 / 2014  
**Transaction ID : SA11AI.9346**

Amount of Each Receipt this Period  
15.00

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)  
**B. Anthony Colston**

Mailing Address 590 Olazabal

City State Zip Code  
Hemet CA 92545

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
none retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15.00

Date of Receipt  
06 / 18 / 2014  
**Transaction ID : SA11AI.9332**

Amount of Each Receipt this Period  
15.00

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)  
**C. Lawrence Comet**

Mailing Address 1610 Jackson Street

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25.00

Date of Receipt  
06 / 07 / 2014  
**Transaction ID : SA11AI.9294**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 52  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

**A. philip decapito**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1259 waverly dr  
 City State Zip Code  
 warren OH 44483  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 post office retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 15.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2014  
**Transaction ID : SA11AI.9328**  
 Amount of Each Receipt this Period  
 15.00  
 TENNEY FOR CONGRESS

**B. Leo Gillies**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4018 Peach Country Ct  
 City State Zip Code  
 Houston TX 77059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self Insurance sales  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 25.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2014  
**Transaction ID : SA11AI.9308**  
 Amount of Each Receipt this Period  
 25.00  
 TENNEY FOR CONGRESS

**C. Kenneth Goodgame**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6114 Rollingbrook Dr.  
 City State Zip Code  
 Houston TX 77096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wyatt Regional Sales Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 25.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2014  
**Transaction ID : SA11AI.9337**  
 Amount of Each Receipt this Period  
 25.00  
 TENNEY FOR CONGRESS

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

**A. Robert Griffing**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Greencastle Road

City Sterling State VA Zip Code 20164

FEC ID number of contributing federal political committee. **C**

Name of Employer fsi Occupation warehouse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : SA11AI.9312**

Amount of Each Receipt this Period  
 15.00

TENNEY FOR CONGRESS

**B. TODD HERMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 21025 7th Avenue South

City Des Moines State WA Zip Code 98198

FEC ID number of contributing federal political committee. **C**

Name of Employer Y Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 60.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : SA11AI.9280**

Amount of Each Receipt this Period  
 60.00

BEN SASSE FOR US SENATE INC

**C. TODD HERMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 21025 7th Avenue South

City Des Moines State WA Zip Code 98198

FEC ID number of contributing federal political committee. **C**

Name of Employer Y Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 120.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : SA11AI.9281**

Amount of Each Receipt this Period  
 60.00

FRIENDS OF CHRIS MCDANIEL

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

**A. TODD HERMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21025 7th Avenue South

City Des Moines	State WA	Zip Code 98198
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FEC ID number of contributing federal political committee. **C**

Name of Employer Y	Occupation Executive
-----------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
180.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2014

**Transaction ID : SA11AI.9282**

Amount of Each Receipt this Period  
60.00

JONI ERNST FOR US SENATE INC

**B. TODD HERMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21025 7th Avenue South

City Des Moines	State WA	Zip Code 98198
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FEC ID number of contributing federal political committee. **C**

Name of Employer Y	Occupation Executive
-----------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2014

**Transaction ID : SA11AI.9283**

Amount of Each Receipt this Period  
60.00

JULIANNE MN INC

**C. TODD HERMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21025 7th Avenue South

City Des Moines	State WA	Zip Code 98198
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FEC ID number of contributing federal political committee. **C**

Name of Employer Y	Occupation Executive
-----------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2014

**Transaction ID : SA11AI.9284**

Amount of Each Receipt this Period  
60.00

FRIENDS OF COLONEL ROB MANESS

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

**A. TODD HERMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21025 7th Avenue South

City Des Moines	State WA	Zip Code 98198
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Y	Occupation Executive
-----------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2014

**Transaction ID : SA11AI.9285**

Amount of Each Receipt this Period  
60.00

SHANNON FOR SENATE

**B. TODD HERMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21025 7th Avenue South

City Des Moines	State WA	Zip Code 98198
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Y	Occupation Executive
-----------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2014

**Transaction ID : SA11AI.9286**

Amount of Each Receipt this Period  
60.00

TERRI KYNN LAND FOR SENATE

**C. TODD HERMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21025 7th Avenue South

City Des Moines	State WA	Zip Code 98198
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Y	Occupation Executive
-----------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2014

**Transaction ID : SA11AI.9287**

Amount of Each Receipt this Period  
60.00

COTTON FOR SENATE

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

**A. cathy imhoff**  
Full Name (Last, First, Middle Initial)

Mailing Address 517 tarland lane

City State Zip Code  
patterson CA 95363

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Real Estate Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 11 / 2014

**Transaction ID : SA11AI.9297**

Amount of Each Receipt this Period  
25.00

**B. William Kerr**  
Full Name (Last, First, Middle Initial)

Mailing Address 10403 Whipple St

City State Zip Code  
Toluca Lake CA 91602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 19 / 2014

**Transaction ID : SA11AI.9341**

Amount of Each Receipt this Period  
10.00

TENNEY FOR CONGRESS

**C. Edwin King**  
Full Name (Last, First, Middle Initial)

Mailing Address 1625 Turnberry Dr

City State Zip Code  
Pickerington OH 43147

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Yorktel VTC Technician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 18 / 2014

**Transaction ID : SA11AI.9316**

Amount of Each Receipt this Period  
10.00

TENNEY FOR CONGRESS

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

**A. Robert Machen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 Long Shoals Rd 8-S  
 City Arden State NC Zip Code 28704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Affordable Retirement Solutions Occupation Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt 06 / 18 / 2014  
**Transaction ID : SA11AI.9318**  
 Amount of Each Receipt this Period 25.00  
 TENNEY FOR CONGRESS

**B. John Marshall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 348 Wilcrest Dr  
 City Houston State TX Zip Code 77042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Milagro Exploration Occupation Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 15.00

Date of Receipt 06 / 18 / 2014  
**Transaction ID : SA11AI.9330**  
 Amount of Each Receipt this Period 15.00  
 TENNEY FOR CONGRESS

**C. Louise Meehan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 621 W. Ellis Ave  
 City Inglewood State CA Zip Code 90302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer God Occupation prolife volunteer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt 06 / 20 / 2014  
**Transaction ID : SA11AI.9344**  
 Amount of Each Receipt this Period 25.00  
 TENNEY FOR CONGRESS

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

**A. Keith Mickelson**  
Full Name (Last, First, Middle Initial)

Mailing Address 5895 Sunnybrook Lane

City State Zip Code  
Minnetrista MN 55364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Super Radiator Coils Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15.00

Date of Receipt  
06 / 18 / 2014  
Transaction ID : SA11AI.9310

Amount of Each Receipt this Period  
15.00

TENNEY FOR CONGRESS

**B. Rosemarie Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 4844 Kingston Dr.

City State Zip Code  
Annandale VA 22003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10.00

Date of Receipt  
06 / 17 / 2014  
Transaction ID : SA11AI.9301

Amount of Each Receipt this Period  
10.00

TENNEY FOR CONGRESS

**C. George Nimmer**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 101387

City State Zip Code  
Arlington VA 22210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BruckEdwards Inc. Technical Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
06 / 14 / 2014  
Transaction ID : SA11AI.9299

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 52  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

**A. Robert Piehl**  
Full Name (Last, First, Middle Initial)  
Mailing Address 625 Tuttle Rd  
City Baroda State MI Zip Code 49101  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50.00

Date of Receipt 06 / 18 / 2014  
**Transaction ID : SA11AI.9333**  
Amount of Each Receipt this Period 25.00  
TENNEY FOR CONGRESS

**B. Gerald Potts**  
Full Name (Last, First, Middle Initial)  
Mailing Address 102 Trombay Dr  
City Wilmington State NC Zip Code 28412  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Engineer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25.00

Date of Receipt 06 / 18 / 2014  
**Transaction ID : SA11AI.9320**  
Amount of Each Receipt this Period 25.00  
TENNEY FOR CONGRESS

**C. Pamela Rabe**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11608 Leapwood Place  
City Austin State TX Zip Code 78759  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50.00

Date of Receipt 06 / 19 / 2014  
**Transaction ID : SA11AI.9343**  
Amount of Each Receipt this Period 50.00  
TENNEY FOR CONGRESS

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

**A. Patti Robertson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1088 Kenisco Rd.  
City Venice State FL Zip Code 34293  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wintergarden Presbyterian Church Occupation Worship Team Leader  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 150.00

Date of Receipt 06 / 18 / 2014  
**Transaction ID : SA11AI.9304**  
Amount of Each Receipt this Period 25.00  
TENNEY FOR CONGRESS

**B. Diane Sicca**  
Full Name (Last, First, Middle Initial)  
Mailing Address 34 Standish Pl  
City Nesconset State NY Zip Code 11767  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Precision Gear Inc Occupation Quality Admin  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 25.00

Date of Receipt 06 / 18 / 2014  
**Transaction ID : SA11AI.9314**  
Amount of Each Receipt this Period 25.00  
TENNEY FOR CONGRESS

**C. David Stewart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 161 E 90 Street, 5B  
City New York State NY Zip Code 10128  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Transatlantic Reinsurance Company Occupation Reinsurance  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 50.00

Date of Receipt 06 / 21 / 2014  
**Transaction ID : SA11AI.9348**  
Amount of Each Receipt this Period 50.00  
TENNEY FOR CONGRESS

**SUBTOTAL** of Receipts This Page (optional)..... 100.00  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

Full Name (Last, First, Middle Initial)  
**A. Dennis E Twohy**

Mailing Address 12653 Osborne St.

City Pacoima State CA Zip Code 91331

FEC ID number of contributing federal political committee. **C**

Name of Employer Not employed at this time Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **25.00**

Date of Receipt  
**06 / 17 / 2014**

**Transaction ID : SA11AI.9303**

Amount of Each Receipt this Period  
**25.00**

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)  
**B. Maria Vela**

Mailing Address 10634 Mayfield Rd.

City Houston State TX Zip Code 77043

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5.00**

Date of Receipt  
**06 / 19 / 2014**

**Transaction ID : SA11AI.9339**

Amount of Each Receipt this Period  
**5.00**

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)  
**C. allan walker**

Mailing Address 887 entrada place

City chula vista State CA Zip Code 91910

FEC ID number of contributing federal political committee. **C**

Name of Employer military contractor Occupation engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **25.00**

Date of Receipt  
**06 / 05 / 2014**

**Transaction ID : SA11AI.9289**

Amount of Each Receipt this Period  
**25.00**

FRIENDS OF CHRIS MCDANIEL

**SUBTOTAL** of Receipts This Page (optional)..... **55.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

**A. allan walker**  
Full Name (Last, First, Middle Initial)

Mailing Address 887 entrada place

City chula vista State CA Zip Code 91910

FEC ID number of contributing federal political committee. **C**

Name of Employer military contractor Occupation engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
45.00

Date of Receipt  
06 / 21 / 2014  
Transaction ID : SA11AI.9349

Amount of Each Receipt this Period  
20.00

COTTON FOR SENATE

**B. Clara Wong**  
Full Name (Last, First, Middle Initial)

Mailing Address 3037 Stoner Ave.

City Los Angeles State CA Zip Code 90066

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50.00

Date of Receipt  
06 / 07 / 2014  
Transaction ID : SA11AI.9292

Amount of Each Receipt this Period  
25.00

**C. Jeffrey Wright**  
Full Name (Last, First, Middle Initial)

Mailing Address 11507 Pampass Pass

City Houston State TX Zip Code 77095

FEC ID number of contributing federal political committee. **C**

Name of Employer Symetra Occupation Life insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50.00

Date of Receipt  
06 / 18 / 2014  
Transaction ID : SA11AI.9324

Amount of Each Receipt this Period  
50.00

TENNEY FOR CONGRESS

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1380.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 52
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

**A. BEN SASSE FOR SENATE INC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1976  
 City State Zip Code  
 FREMONT NE 68026  
 FEC ID number of contributing federal political committee. **C** C00547976  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 219.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2014  
**Transaction ID : SA15.9261**  
 Amount of Each Receipt this Period  
 18.00  
 Processing and fundraising fee

**B. DAVID LARSEN FOR CONGRESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 214  
 City State Zip Code  
 OLDWICK NJ 08858  
 FEC ID number of contributing federal political committee. **C** C00510750  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 13 / 2014  
**Transaction ID : SA15.9263**  
 Amount of Each Receipt this Period  
 3.00  
 Processing and fundraising fee

**C. JULIANNE MN INC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 173  
 City State Zip Code  
 CHASKA MN 55318  
 FEC ID number of contributing federal political committee. **C** C00548446  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 236.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2014  
**Transaction ID : SA15.9260**  
 Amount of Each Receipt this Period  
 18.00  
 Processing and fundraising fee

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	39.00
<b>TOTAL</b> This Period (last page this line number only).....▶	39.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address 200 Vesey St

City Manhattan State NY Zip Code 10080

Purpose of Disbursement  
Merchant fee

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.9274**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address 200 Vesey St

City Manhattan State NY Zip Code 10080

Purpose of Disbursement  
Merchant fee

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.9275**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address 200 Vesey St

City Manhattan State NY Zip Code 10080

Purpose of Disbursement  
Merchant fee

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.9276**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address 200 Vesey St

City Manhattan State NY Zip Code 10080

Purpose of Disbursement  
Merchant fee

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 23 / 2014

**Transaction ID : SB21B.9277**

Amount of Each Disbursement this Period

5.08

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address 200 Vesey St

City Manhattan State NY Zip Code 10080

Purpose of Disbursement  
Merchant fee

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 25 / 2014

**Transaction ID : SB21B.9278**

Amount of Each Disbursement this Period

1.60

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address 249 Fifth Ave  
One PNC Plaza

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement  
Merchant interchnng

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 02 / 2014

**Transaction ID : SB21B.9271**

Amount of Each Disbursement this Period

58.63

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

65.31

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address 249 Fifth Ave  
One PNC Plaza

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement  
Merchant fee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.9272**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address 249 Fifth Ave  
One PNC Plaza

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement  
Merchant discount

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.9273**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. BEN SASSE FOR SENATE INC**

Mailing Address PO Box 1976

City State Zip Code  
FREMONT NE 68026

Purpose of Disbursement  
HERMAN, TODD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NE District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB23.9351**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. COTTON FOR SENATE**

Mailing Address PO BOX 379

City State Zip Code  
DARDANELLE AR 72834

Purpose of Disbursement  
Crear, David

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: AR District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB23.9352**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. COTTON FOR SENATE**

Mailing Address PO BOX 379

City State Zip Code  
DARDANELLE AR 72834

Purpose of Disbursement  
HERMAN, TODD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: AR District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB23.9353**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
walker, allan

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MS District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	4

Transaction ID : SB23.9356

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF COLONEL ROB MANESS**

Mailing Address PO BOX 25

City MADISONVILLE State LA Zip Code 70447

Purpose of Disbursement  
Bullock, Roy

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

Transaction ID : SB23.9363

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF COLONEL ROB MANESS**

Mailing Address PO BOX 25

City MADISONVILLE State LA Zip Code 70447

Purpose of Disbursement  
HERMAN, TODD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

Transaction ID : SB23.9364

Amount of Each Disbursement this Period

6	0	.	0	0
---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9	5	.	0	0
---	---	---	---	---

9	5	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. JONI ERNST FOR US SENATE INC**

Mailing Address PO BOX 93441

City Des Moines State IA Zip Code 50393

Purpose of Disbursement  
Crear, David

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IA District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 04 / 2014

**Transaction ID : SB23.9358**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**B. JONI ERNST FOR US SENATE INC**

Mailing Address PO BOX 93441

City Des Moines State IA Zip Code 50393

Purpose of Disbursement  
HERMAN, TODD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IA District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 06 / 2014

**Transaction ID : SB23.9359**

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

**C. JULIANNE MN INC**

Mailing Address PO BOX 173

City CHASKA State MN Zip Code 55318

Purpose of Disbursement  
HERMAN, TODD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MN District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 06 / 2014

**Transaction ID : SB23.9360**

Amount of Each Disbursement this Period

60.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

170.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

Full Name (Last, First, Middle Initial)

## A. MCSALLY FOR CONGRESS

Mailing Address PO BOX 19128

City TUCSON State AZ Zip Code 85731

Purpose of Disbursement  
Crear, David

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: AZ District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	04	/	2014

Transaction ID : SB23.9362

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

## B. SHANNON FOR SENATE

Mailing Address PO BOX 18182

City OKLAHOMA CITY State OK Zip Code 73154

Purpose of Disbursement  
HERMAN, TODD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: OK District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	06	/	2014

Transaction ID : SB23.9365

Amount of Each Disbursement this Period

60.00
-------

Full Name (Last, First, Middle Initial)

## C. Tenney for Congress

Mailing Address PO Box 128

City Clinton State NY Zip Code 13323

Purpose of Disbursement  
Miller, Rosemarie

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	20	/	2014

Transaction ID : SB23.9366

Amount of Each Disbursement this Period

10.00
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

120.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

Full Name (Last, First, Middle Initial) <b>A. Tenney for Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address PO Box 128		<b>Transaction ID : SB23.9367</b>
City Clinton	State NY	
Purpose of Disbursement Twohy, Dennis E	Candidate Name	Amount of Each Disbursement this Period 25.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NY	District: 22	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Tenney for Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address PO Box 128		<b>Transaction ID : SB23.9368</b>
City Clinton	State NY	
Purpose of Disbursement Robertson, Patti	Candidate Name	Amount of Each Disbursement this Period 25.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NY	District: 22	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Tenney for Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address PO Box 128		<b>Transaction ID : SB23.9369</b>
City Clinton	State NY	
Purpose of Disbursement Birck, Katherine	Candidate Name	Amount of Each Disbursement this Period 50.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NY	District: 22	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. Tenney for Congress**

Mailing Address PO Box 128

City Clinton State NY Zip Code 13323

Purpose of Disbursement  
Gillies, Leo

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2014

Transaction ID : SB23.9370

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Tenney for Congress**

Mailing Address PO Box 128

City Clinton State NY Zip Code 13323

Purpose of Disbursement  
Mickelson, Keith

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2014

Transaction ID : SB23.9371

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**C. Tenney for Congress**

Mailing Address PO Box 128

City Clinton State NY Zip Code 13323

Purpose of Disbursement  
Griffing, Robert

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2014

Transaction ID : SB23.9372

Amount of Each Disbursement this Period

15.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

55.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. Tenney for Congress**

Mailing Address PO Box 128

City Clinton State NY Zip Code 13323

Purpose of Disbursement  
Sicca, Diane

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2014

Transaction ID : SB23.9373

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Tenney for Congress**

Mailing Address PO Box 128

City Clinton State NY Zip Code 13323

Purpose of Disbursement  
King, Edwin

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2014

Transaction ID : SB23.9374

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Tenney for Congress**

Mailing Address PO Box 128

City Clinton State NY Zip Code 13323

Purpose of Disbursement  
Machen, Robert

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2014

Transaction ID : SB23.9375

Amount of Each Disbursement this Period

25.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

60.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. Tenney for Congress**

Mailing Address PO Box 128

City Clinton State NY Zip Code 13323

Purpose of Disbursement  
Potts, Gerald

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2014

**Transaction ID : SB23.9376**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Tenney for Congress**

Mailing Address PO Box 128

City Clinton State NY Zip Code 13323

Purpose of Disbursement  
BURRY, JOHN

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2014

**Transaction ID : SB23.9377**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Tenney for Congress**

Mailing Address PO Box 128

City Clinton State NY Zip Code 13323

Purpose of Disbursement  
Wright, Jeffrey

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2014

**Transaction ID : SB23.9378**

Amount of Each Disbursement this Period

50.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

125.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. Tenney for Congress**

Mailing Address PO Box 128

City Clinton State NY Zip Code 13323

Purpose of Disbursement  
beck, carl

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2014

**Transaction ID : SB23.9379**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Tenney for Congress**

Mailing Address PO Box 128

City Clinton State NY Zip Code 13323

Purpose of Disbursement  
decapito, philip

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2014

**Transaction ID : SB23.9380**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**C. Tenney for Congress**

Mailing Address PO Box 128

City Clinton State NY Zip Code 13323

Purpose of Disbursement  
Marshall, John

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2014

**Transaction ID : SB23.9381**

Amount of Each Disbursement this Period

15.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

80.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. Tenney for Congress**

Mailing Address PO Box 128

City Clinton State NY Zip Code 13323

Purpose of Disbursement  
Colston, Anthony

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2014

**Transaction ID : SB23.9382**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Tenney for Congress**

Mailing Address PO Box 128

City Clinton State NY Zip Code 13323

Purpose of Disbursement  
Piehl, Robert

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2014

**Transaction ID : SB23.9383**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Tenney for Congress**

Mailing Address PO Box 128

City Clinton State NY Zip Code 13323

Purpose of Disbursement  
Brown, Mike

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : SB23.9384**

Amount of Each Disbursement this Period

10.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

50.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. Tenney for Congress**

Mailing Address PO Box 128

City Clinton State NY Zip Code 13323

Purpose of Disbursement  
Goodgame, Kenneth

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

Transaction ID : SB23.9385

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Tenney for Congress**

Mailing Address PO Box 128

City Clinton State NY Zip Code 13323

Purpose of Disbursement  
Vela, Maria

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

Transaction ID : SB23.9386

Amount of Each Disbursement this Period

5.00

Full Name (Last, First, Middle Initial)

**C. Tenney for Congress**

Mailing Address PO Box 128

City Clinton State NY Zip Code 13323

Purpose of Disbursement  
Kerr, William

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

Transaction ID : SB23.9387

Amount of Each Disbursement this Period

10.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

40.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. Tenney for Congress**

Mailing Address PO Box 128

City Clinton State NY Zip Code 13323

Purpose of Disbursement  
Rabe, Pamela

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : SB23.9388**

Amount of Each Disbursement this Period

90.00

Full Name (Last, First, Middle Initial)

**B. Tenney for Congress**

Mailing Address PO Box 128

City Clinton State NY Zip Code 13323

Purpose of Disbursement  
Meehan, Louise

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : SB23.9389**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Tenney for Congress**

Mailing Address PO Box 128

City Clinton State NY Zip Code 13323

Purpose of Disbursement  
Choate, Norman

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : SB23.9390**

Amount of Each Disbursement this Period

15.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

90.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. Tenney for Congress**

Mailing Address PO Box 128

City Clinton State NY Zip Code 13323

Purpose of Disbursement  
Stewart, David

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

Transaction ID : SB23.9391

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**B. TERRI LYNN LAND FOR SENATE**

Mailing Address PO BOX 308

City GRANDVILLE State MI Zip Code 49418

Purpose of Disbursement  
HERMAN, TODD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MI District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SB23.9393

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

110.00

1355.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 38 OF 52
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Action</b>	Nature of Debt (Purpose): August use of mailing address, phone, office
Mailing Address 2029 K Street NW Suite 300	
City State Zip Code Washington DC 20006	

Outstanding Balance Beginning This Period <input type="text" value="250.00"/>	<b>Transaction ID : SD10.4148</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Action</b>	Nature of Debt (Purpose): September use of address, phone, office
Mailing Address 2029 K Street NW Suite 300	
City State Zip Code Washington DC 20006	

Outstanding Balance Beginning This Period <input type="text" value="250.00"/>	<b>Transaction ID : SD10.4176</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="250.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Action</b>	Nature of Debt (Purpose): October use of mailing address, phone, office
Mailing Address 2029 K Street NW Suite 300	
City State Zip Code Washington DC 20006	

Outstanding Balance Beginning This Period <input type="text" value="250.00"/>	<b>Transaction ID : SD10.4178</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="250.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="750.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 39 OF 52
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Action</b>	Nature of Debt (Purpose): November use of mailing address, phone, office
Mailing Address 2029 K Street NW Suite 300	
City State Zip Code Washington DC 20006	

Outstanding Balance Beginning This Period <input type="text" value="250.00"/>	<b>Transaction ID : SD10.4179</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Action</b>	Nature of Debt (Purpose): December use of mailing address, phone, office
Mailing Address 2029 K Street NW Suite 300	
City State Zip Code Washington DC 20006	

Outstanding Balance Beginning This Period <input type="text" value="100.00"/>	<b>Transaction ID : SD10.4180</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="100.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Action</b>	Nature of Debt (Purpose): Mass emails supporting Jorgensen for Congress
Mailing Address 2029 K Street NW Suite 300	
City State Zip Code Washington DC 20006	

Outstanding Balance Beginning This Period <input type="text" value="4357.75"/>	<b>Transaction ID : SD10.5069</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4357.75"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="4707.75"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 40 OF 52
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Action</b>	Nature of Debt (Purpose): Fundraising emails in July
Mailing Address 2029 K Street NW Suite 300	
City State Zip Code Washington DC 20006	

Outstanding Balance Beginning This Period <input type="text" value="3606.78"/>	<b>Transaction ID : SD10.5212</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3606.78"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>	Nature of Debt (Purpose): February and March reporting and processing services retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="2000.00"/>	<b>Transaction ID : SD10.4181</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>	Nature of Debt (Purpose): April retainer for reporting and processing services
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	<b>Transaction ID : SD10.4190</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="6606.78"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 41 OF 52
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>		Nature of Debt (Purpose): May reporting and processing services retainer
Mailing Address 209 W Main St		
City Plainfield	State IN	Zip Code 46168

Outstanding Balance Beginning This Period 1000.00	<b>Transaction ID : SD10.4191</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>		Nature of Debt (Purpose): May reporting and processing services and June retainer
Mailing Address 209 W Main St		
City Plainfield	State IN	Zip Code 46168

Outstanding Balance Beginning This Period 2748.93	<b>Transaction ID : SD10.4192</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2748.93

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>		Nature of Debt (Purpose): June reporting and processing services and July retainer
Mailing Address 209 W Main St		
City Plainfield	State IN	Zip Code 46168

Outstanding Balance Beginning This Period 2767.00	<b>Transaction ID : SD10.4193</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2767.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	6515.93
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 42 OF 52
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>	Nature of Debt (Purpose): October reporting and processing services and November retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="307.50"/>	<b>Transaction ID : SD10.4186</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="307.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>	Nature of Debt (Purpose): November reporting and processing services and December retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="2657.00"/>	<b>Transaction ID : SD10.4185</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2657.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>	Nature of Debt (Purpose): December reporting and processing services and Jan retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="2465.00"/>	<b>Transaction ID : SD10.4184</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2465.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="5429.50"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 43 OF 52
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>	Nature of Debt (Purpose): January reporting and processing services and Feb retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="2255.00"/>	<b>Transaction ID : SD10.4233</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2255.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>	Nature of Debt (Purpose): Feb reporting and processing/Mar legal and reporting retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="2000.00"/>	<b>Transaction ID : SD10.4319</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>	Nature of Debt (Purpose): Mar reporting and processing/Apr legal and reporting retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="2000.00"/>	<b>Transaction ID : SD10.4374</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2000.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="6255.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 44 OF 52
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>		Nature of Debt (Purpose): Legal compliance, bookkeeping, and reporting services in April
Mailing Address 209 W Main St		
City Plainfield	State IN	Zip Code 46168

Outstanding Balance Beginning This Period <input type="text" value="3737.50"/>	<b>Transaction ID : SD10.4702</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3737.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>		Nature of Debt (Purpose): Legal compliance, bookkeeping, and reporting services in May
Mailing Address 209 W Main St		
City Plainfield	State IN	Zip Code 46168

Outstanding Balance Beginning This Period <input type="text" value="2907.50"/>	<b>Transaction ID : SD10.5067</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2907.50"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>		Nature of Debt (Purpose): June administrative and legal services.
Mailing Address 209 W Main St		
City Plainfield	State IN	Zip Code 46168

Outstanding Balance Beginning This Period <input type="text" value="2477.05"/>	<b>Transaction ID : SD10.5569</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2477.05"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="9122.05"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 45 OF 52
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>	Nature of Debt (Purpose): Bonding, administrative, legal, and office services
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="2077.60"/>	<b>Transaction ID : SD10.5600</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2077.60"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>	Nature of Debt (Purpose): Sept. bonding, administrative, legal, and office services
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="2067.50"/>	<b>Transaction ID : SD10.5971</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2067.50"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>	Nature of Debt (Purpose): Sept. reporting and processing services and Oct. retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="2097.50"/>	<b>Transaction ID : SD10.6485</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2097.50"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="6242.60"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 46 OF 52
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>	Nature of Debt (Purpose): Reporting, bundling, compliance, and admin services in October
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="1605.00"/>	<b>Transaction ID : SD10.6817</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1605.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>	Nature of Debt (Purpose): Compliance, reporting, and bundling services in November
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="1130.00"/>	<b>Transaction ID : SD10.7051</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1130.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>	Nature of Debt (Purpose): Compliance, reporting, bundling, and administrative services in Dec 2013
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="1235.00"/>	<b>Transaction ID : SD10.7356</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1235.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="3970.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 47 OF 52
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>	Nature of Debt (Purpose): Compliance and administrative services in January
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period 854.20	<b>Transaction ID : SD10.7717</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 854.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>	Nature of Debt (Purpose): Legal, processing, reporting, and admin services in February
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period 1238.00	<b>Transaction ID : SD10.8465</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1238.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>	Nature of Debt (Purpose): Legal, bundling, and administrative services
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period 1038.00	<b>Transaction ID : SD10.8513</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1038.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	3130.20
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 48 OF 52
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>	Nature of Debt (Purpose): Bundling, administrative, compliance services for May 2014
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period 1228.50	<b>Transaction ID : SD10.9028</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1228.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Compliance Services</b>	Nature of Debt (Purpose): Bundling, administrative, compliance services for June 2014
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.9248</b>	
Amount Incurred This Period 1305.25	Payment This Period 0.00	Outstanding Balance at Close of This Period 1305.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Fund</b>	Nature of Debt (Purpose): Fundraising emails in July 2013
Mailing Address 2029 K St NW Suite 300	
City State Zip Code Washington DC 20006	

Outstanding Balance Beginning This Period 5024.60	<b>Transaction ID : SD10.5208</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5024.60

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	7558.35
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 49 OF 52
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Legal Foundation</b>		Nature of Debt (Purpose): April legal services retainer
Mailing Address 209 W Main St		
City Plainfield	State IN	Zip Code 46168

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	<b>Transaction ID : SD10.4198</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Legal Foundation</b>		Nature of Debt (Purpose): May legal services retainer
Mailing Address 209 W Main St		
City Plainfield	State IN	Zip Code 46168

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	<b>Transaction ID : SD10.4199</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Legal Foundation</b>		Nature of Debt (Purpose): June legal services retainer
Mailing Address 209 W Main St		
City Plainfield	State IN	Zip Code 46168

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	<b>Transaction ID : SD10.4200</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="3000.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 50 OF 52
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Legal Foundation</b>		Nature of Debt (Purpose): July legal services retainer
Mailing Address 209 W Main St		
City Plainfield	State IN	Zip Code 46168

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	<b>Transaction ID : SD10.4201</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Legal Foundation</b>		Nature of Debt (Purpose): August legal services retainer
Mailing Address 209 W Main St		
City Plainfield	State IN	Zip Code 46168

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	<b>Transaction ID : SD10.4202</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Legal Foundation</b>		Nature of Debt (Purpose): September legal services retainer
Mailing Address 209 W Main St		
City Plainfield	State IN	Zip Code 46168

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	<b>Transaction ID : SD10.4203</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="3000.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 51 OF 52
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Legal Foundation</b>	Nature of Debt (Purpose): October legal services retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period 1000.00	<b>Transaction ID : SD10.4204</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Legal Foundation</b>	Nature of Debt (Purpose): November legal services retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period 1000.00	<b>Transaction ID : SD10.4205</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Legal Foundation</b>	Nature of Debt (Purpose): December legal services retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period 1000.00	<b>Transaction ID : SD10.4206</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	3000.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 52 OF 52
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Legal Foundation</b>	Nature of Debt (Purpose): March legal services retainer
Mailing Address 209 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period 1000.00	<b>Transaction ID : SD10.4196</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Barry A Bostrom</b>	Nature of Debt (Purpose): Legal services in January
Mailing Address 2524 N 8th Street	
City State Zip Code Terre Haute IN 47804	

Outstanding Balance Beginning This Period 1000.00	<b>Transaction ID : SD10.4194</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Paul Bothwell</b>	Nature of Debt (Purpose): Administrative services July 2011 - March 2012
Mailing Address 606 S. Taylor St.	
City State Zip Code Arlington VA 22204	

Outstanding Balance Beginning This Period 5400.00	<b>Transaction ID : SD10.4230</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5400.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	7400.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	76688.16
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	76688.16